

**South Carolina Department of Disabilities and Special Needs**  
**COMMUNITY RESIDENTIAL ADMISSION/DISCHARGE REPORT**

Person's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Residential Provider: \_\_\_\_\_ Service Coordination Provider: \_\_\_\_\_

**Type of Action (check one)**

\_\_\_\_\_ New Admission      \_\_\_\_\_ Transfer      \_\_\_\_\_ Discharge

**Action Restrictiveness (check one)**

\_\_\_\_\_ More      \_\_\_\_\_ Less      \_\_\_\_\_ Equal      \_\_\_\_\_ N/A (Moving to/from non-DDSN residential setting)

**New Admission:** (only complete for those who are not currently receiving DDSN funded residential services)

Date Placed on Critical Needs Waiting List: \_\_\_\_\_ **OR**

Date Placed on Priority I Waiting List: \_\_\_\_\_ **OR**

Is Living with Aging Caregiver: \_\_\_\_\_ YES

Date of Proposed Admission: \_\_\_\_\_

Date Residential Services Desired: \_\_\_\_\_

Proposed Residential Setting (Name): \_\_\_\_\_ Type of Residential Setting (e.g., CTH II): \_\_\_\_\_

Type of Residential Vacancy Being Filled: \_\_\_\_\_ Existing      \_\_\_\_\_ New (no one previously served in this vacancy)

Proposed Funding Band: \_\_\_\_\_

(Include a justification in Rationale section if a Band different from the standard funding band\* is requested)

\*Standard funding bands for new admissions: ICF/MR, CRCF and CTH II = Band G; SLP II = Band C; SLP I = Band D; CTH I = Band E and Enhanced CTH I = Band F.

**Transfer** (only complete for those who are currently receiving DDSN funded residential services)

Date of Proposed Transfer: \_\_\_\_\_

Date Transfer Desired: \_\_\_\_\_

Proposed Residential Provider: \_\_\_\_\_

Proposed Residential Setting (Name): \_\_\_\_\_

Type of Residential Setting (e.g., SLP, CTH I, CTH II, ICF/MR) Proposed: \_\_\_\_\_

Current Residential Provider: \_\_\_\_\_

Current Residential Setting (Name): \_\_\_\_\_

Current Type of Residential Setting (e.g., SLP, CTH I, CTH II, ICF/MR): \_\_\_\_\_

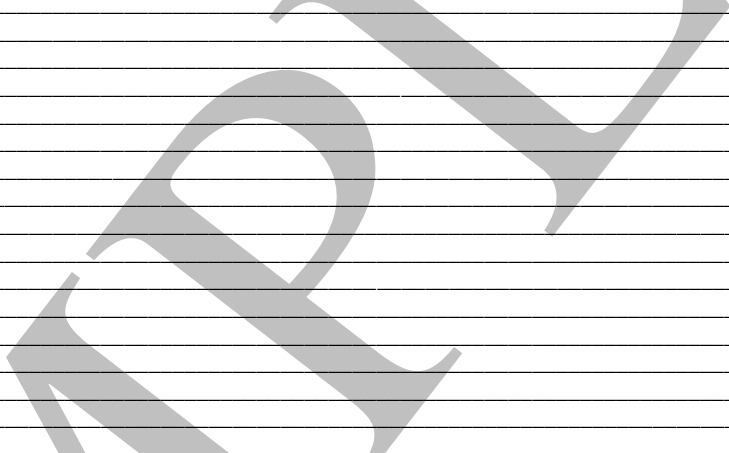
Current Funding Band: \_\_\_\_\_

Proposed Funding Band: \_\_\_\_\_

(Include a justification in Rationale section if a Band different from the standard funding band assignment\* is requested)

\*Standards funding band assignments for transfers: From regional center or alternative placement to ICF/MR, CRCF and CTH II = Band H. For all other transfers: ICF/MR, CRCF and CTH II = Band G; SLP II = Band C; SLP I = Band D; CTH I = Band E and Enhanced CTH I = Band F.

Proposed Post-Discharge Service Funding Source (e.g., HCB waiver, state-funded day supports, state plan Medicaid, etc.):



## Date \_\_\_\_\_

## Date Medicaid Financial Eligibility Approved: \_\_\_\_\_

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